

Arthritis Alliance of Canada

2002-2019: 17 Years of Success

Executive Summary
November 2019

ARTHRITIS is a chronic disease, which currently affects the lives of more than **6 million Canadians** and is the leading cause of workplace disability. It is estimated that **one in four Canadians**, from the young to the elderly, live with one of the more than 100 types of arthritis.

About the AAC

Arthritis Alliance of Canada (AAC) was founded in 2002 with the aim to improve the lives of Canadians with arthritis. As an umbrella organization of arthritis community leaders, the AAC collaborated with various arthritis stakeholders: healthcare professionals, researchers, funding and voluntary sector agencies, governments, industry and arthritis patient organizations and groups across Canada. AAC members joined together to do things collaboratively that an individual organization could not implement on their own. AAC provided a platform for national arthritis-related initiatives to be developed and presented as one voice to the Canadian public and their elected officials.

AAC Mission

AAC was established to amplify the concerns and issues of the millions of Canadians living with arthritis and bone diseases, with the goal of improving their lives by:

- Improving access to care and treatment;
- Increasing educational initiatives for the arthritis community, the public, and health policy makers;
- Increasing arthritis research efforts.

Background

The AAC was formed as a result of the success of the Osteoarthritis (OA) Consensus Conference held in 2002, where people living with OA, basic and clinical researchers, clinicians, health professionals, representatives from the pharmaceutical industry, government and non-governmental organizations, gathered for the first time to identify research questions and priorities through stakeholder consultation.

The OA Consensus Conference was the first time that consumers were actively involved in identifying research priorities. Their participation facilitated the first nation-wide consumer survey: Determining the Research Priorities of People Living with Arthritis – Listening to Patients. Over 300 consumers responded, validating six research questions and highlighting an unexpected symptom of fatigue. Through the OA Consensus Conference, it was clear we were better

together, thus, creating the foundation for a National Arthritis strategy.

Development of Standards for Arthritis Prevention and Care

On November 1-3, 2005, the Summit on Standards for Arthritis Prevention and Care took place in Ottawa. Summit delegates identified three overarching arthritis themes, including awareness, prevention and management. The Summit produced a total of 15 specific standards in nine key areas, which were then refined and presented to government for action. The government representatives addressed the Summit and congratulated the delegates on their work and expressed keen interest in the outcomes. AAC stakeholders were charged individually and collectively to advance towards achievement of these standards!

Joint Action on Arthritis

Due to increased longevity, reduced physical activity, increasing obesity and lack of access to timely health care, the burden of arthritis was rising. Research showed that within a generation, more than 10 million (one in four) Canadians would have OA and rheumatoid arthritis (RA); hence the economic burden of OA and RA in Canada, including direct health care costs and productivity losses, would grow drastically. In search for solutions, in 2012 AAC created a long-term strategy, entitled [Joint Action on Arthritis: A Framework to Improve Arthritis](#)

[Prevention and Care in Canada](#) to implement the following four priorities:

- I. **Implement a harmonized, Pan-Canadian strategy to RAISE AWARENESS** about key risk factors, prevention strategies and consequences of arthritis; arthritis as a chronic disease among employers, insurers and government agencies of arthritis as a major source of workplace disability; how to screen and diagnose arthritis; invest in injury prevention and workplace policies to accommodate employees living with arthritis.
- II. **Champion improvements in MODELS OF CARE** by facilitating implementation and continuous quality improvement in Canada; garnering support of governments and health-related organizations; developing quality indicators to demonstrate effectiveness and report provincial outcomes; implementing a communication strategy to disseminate best models of care and working to ensure evidence-based educational materials to support arthritis self-management.
- III. **Promote RESEARCH in arthritis prevention, self-management and the effectiveness and efficiency of care** by developing targeted funding opportunities; enabling synthesis and exchange of new knowledge to drive measurable improvements in arthritis care; facilitating formation of multi-disciplinary research groups to address knowledge gaps; engaging health care decision makers and providers to facilitate the uptake and implementation of research results.
- IV. **Support ongoing stakeholder COLLABORATION** through collective efforts and engagement of policy and decision makers (federal, provincial governments, etc.) to implement our vision.

The **Joint Action on Arthritis Framework** was organized under three strategic pillars that were the guiding principles for the further work of the AAC as outlined in the additional accomplishments below, including:

Pillar I: Advancing knowledge and awareness

Pillar II: Improving prevention and care

Pillar III: Supporting ongoing stakeholder collaboration

Under this Framework, the AAC designed and developed numerous initiatives and tools to help equip clinicians and their patients with initiatives that can be adopted, embraced and easily put to work

in their daily practice. These initiatives also informed the advocacy and awareness work the AAC directed, during this period of program implementation, at healthcare stakeholders and policymakers across the country.

Our accomplishments include:

2012: Development of a [Tool for Developing and Evaluating High Quality Models of Care](#)

2014: Development, launch and dissemination of [A Pan-Canadian Approach to Inflammatory Arthritis Models of Care](#); along with an [Inflammatory Arthritis Care Path and Toolkit](#)

Spring 2016: Development of an [Inflammatory Arthritis System-Level Models of Care Performance Measurement Framework](#), to ensure that Models of Care (MOCs) are formally evaluated and continuously improved to provide the best care possible

Fall 2016: Development and launch of an annual [Research Awards Program](#) to recognize high quality research nationally by: (1) formally acknowledging the outstanding contributions of scientists and patient partners; (2) helping researchers compete for and participate in national grants and programs in arthritis research; and (3) providing opportunities to highlight arthritis research in communications.

2017: Development of a [Pan-Canadian Core Clinical Dataset for Rheumatoid Arthritis](#) to encourage standardized collection of data. The results of this work were published in an [open-access manuscript](#) on "[Pan-Canadian Core Clinical Dataset for Rheumatoid Arthritis](#)", December 2017 edition

Spring 2018: Publishing a [16-page special edition](#) to the Canadian Rheumatology Association Journal (CRAJ) that featured great work in the development and implementation of IA and OA models of care, showcasing successful models of care (MOC) examples across the country

Fall 2018: Development of an [Osteoarthritis Tool](#) to effectively diagnose and facilitate the management of osteoarthritis in a primary care setting in a two-year partnership with the [College of Family Physicians of Canada \(CFPC\)](#) and [Centre for Effective Practice \(CEP\)](#)

Fall 2019: Development, launch and dissemination of the [Talk to Your Doctor About Joint Pain Handout](#), a complementary, patient version of the original OA Tool, designed to assist those with or at risk of Osteoarthritis, in having better conversations with their doctor or other health care professional by informing them about the care they can expect to receive.

The success of these initiatives has attracted international interest as the comprehensive approach

we have championed in Canada is watched closely by others and beginning to be adopted as best practice worldwide. What the AAC has learned during this journey is that we must adopt a comprehensive, and therefore varied, approach to the challenges that lie ahead for arthritis in Canada. Arthritis is not one disease. It is many. Musculoskeletal pain does not have one source. It has many. Our systems of care and support are not uniform. They are many. It only follows, therefore, that we must adopt a variety of strategies, approaches and initiatives to help health care decision makers achieve practical success.

That is precisely the cause to which the AAC has committed itself for the past decade. And it is the motivation and focus for the arthritis community in Canada as we enter a new decade in 2020. The opportunity for our arthritis community leaders is to leverage the AAC legacy and take the proven, peer-reviewed value of the AAC's work and put it into widespread practice.

Contact Our Member Organizations: We would like our member organizations to continue communicating with each other. Please reach out to us whenever you need us!

[Alberta Bone & Joint Health Institute](#)
[Arthritis Community Research & Evaluation Unit](#)
[Arthritis Consumer Experts](#)
[Arthritis Health Professions Association](#)
[Arthritis Patient Advisory Board](#)
[Arthritis Research Canada](#)
[Arthritis Research Foundation](#)
[Arthritis Society](#)
[Bone and Joint Canada](#)
[Canadian Arthritis Patient Alliance](#)
[Canadian Academy of Sports & Exercise Medicine](#)
[Canadian Association of Occupational Therapists](#)
[Canadian Chiropractic Association](#)

[Canadian Obesity Network](#)
[Canadian Orthopaedic Association](#)
[Canadian Orthopaedic Foundation](#)
[Canadian Physiotherapy Association](#)
[Canadian Rheumatology Association](#)
[Canadian Spondylitis Association](#)
[The Canadian Society for Exercise Physiology](#)
[Cochrane Collaboration](#)
[Institute for Work and Health](#)
[McCaig Institute for Bone and Joint Health](#)
[Western's Bone & Joint Institute](#)

[CIHRs Institute of Musculoskeletal Health and Arthritis](#)
[Public Health Agency of Canada](#)

[AbbVie](#)
[Amgen Canada](#)
[Eli Lilly](#)
[Merck](#)
[Novartis](#)
[Pfizer Canada](#)
[Sandoz](#)
[Sanofi](#)

All AAC tools, resources and links to our members resources and contact information will be available on the [AAC website](#) until 2025.